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THE SEARCH FOR A SOLUTION TO ENGLAND'S SOCIAL CARE EMERGENCY

A roundtable discussion with Rt Hon Ed Argar MP, Shadow Secretary of State for Health and Social Care

ROUNDTABLE HELD JULY 2025

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Rt Hon Ed Argar MP, Shadow Secretary of State for Health and Social Care

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FOREWORD

Faced with an ageing population and increasing demand for complex care, adult social care is under mounting demographic pressure. Yet despite repeated pledges of long-term reform, meaningful change has failed to materialise. The sector is left stranded between rising expectations and limited power to meet them.

The Spring Statement, which announced an additional £4 billion would be available to the sector in 2028/29, was welcomed by some, but raised as many questions as it answered.

In this context, we brought together a diverse group of voices from across the care sector, including leading residential and home care organisations and representatives from regional care associations - to take stock of where things really stand and how they can be fixed. Attendees came together to converse with Rt Hon Ed Argar MP, Shadow Secretary of State for Health & Social Care, for an open discussion about the past, present and future of adult social care.

The session was intended as a listening exercise for Mr Argar, providing frontline perspectives to help inform the Conservative Party's approach to social care policy in opposition.

The conversation was frank, practical, and deeply rooted in lived experience. Participants spoke of persistent barriers to partnership, the structural imbalance between health and social care, and the creativity that continues to flourish despite it. They challenged assumptions about funding, voiced concerns over sustainability, and offered grounded ideas for what needs to happen next - from commissioning to careers, local collaboration to national policy.

This write-up captures the key themes that emerged from our discussion.

William Walter,
Managing Director,
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FUNDING & COSTS

The crisis of social care funding continues to prove a huge challenge for the Government. Recent research from the Health Foundation has found that, in order to meet demand, cover rising costs, improve access and boost pay in the sector, an extra £8.7bn of funding would be needed for social care in 2028/29. An extra £15.4bn would be needed in 2034/35, requiring a 4.5% annual real-terms increase.

And with less than 24 hours following its delivery at the despatch box, the Spring Statement was naturally on attendees' lips. And though significant increases in investment were announced for the NHS, many felt the social care sector had been overlooked.

"We talk about making social care a partner connected to the NHS", said one home care provider, "but what happened [in the Spring Statement] was just another step towards it all being about the NHS – not social care."

Ed Argar was inclined to agree. "My worry is that, again, it's more money into the NHS without fixing the other end of the problem. The ability of the NHS to function effectively is heavily dependent on the success, sustainability and viability of the social care sector."

There was also some frustration around how the government claimed adult social care spending would increase by £4 billion, given its basis upon the assumption that council tax would rise across the board by five per cent.

"There are numerous local authorities that have said they're not going to increase it at all next year. I think it's really misleading for a government to say, 'we've put £4 billion into adult social care', when they haven't."

"That assumption wilfully ignores the manifestos on which a number of these councils were elected," added Argar. "Whether they follow through or not—time will tell—but the assumption itself is flawed."

"It seems to me that whenever social care funding gets debated, we get different funding streams played off against each other", one regional association chair said. "And the only losers are the care providers themselves, and those who receive care."

> **"My worry is that, again, it's more money into the NHS without fixing the other end of the problem"**
>
> **- Rt Ed Argar MP, Shadow Secretary of State for Health and Social Care**

National Insurance

The government's decision to increase employer national insurance contributions was unanimously seen as a blow for social care providers. Not only in the increase in raw percentage, but also in changes to the employee income threshold that businesses start paying the tax. In fact, an attendee employing more than 15,000 staff revealed that the lowered threshold was accounting for 75 per cent of increased NI contributions.

Permeating through, also, was a frustration that the NHS' exemption had not been extended to social care providers.

"I don't think there's a provider in the country who is not worried about [National Insurance]", said one care association representative. "We are going to draw our breath in pay in June, but I think by July and August lots of providers are going to really struggle to pay."

A home care provider – for whom 95 per cent of their work is with local authorities - painted a stark picture.

"[When costs are passed on], what do you think we have to do? We have to save money somewhere else - cut back office, support teams, stop investing."

"There are lots of smaller providers who are just holding on… and at some point, it will go."

Another warned the full scale of the collapse might go unseen. "It's a gradual popping all over the place, which you can't see… These are tiny pinpricks going off." What some local authorities don't realise, he continued, is that "every single provider faces the same stresses".

Ed Argar agreed. "It won't be hitting the headlines, because it'll be a little bit here, a little bit there. And just over time, cumulatively, the impact will be significant."

Another attendee was incredulous about the lack of voice for the sector in the run up to these decisions. "Where's the voice at the table? To try and get ahead of these things before they happen?"

REPRESENTATION & COLLABORATION

There was a broad consensus among attendees that social care providers are not adequately represented in decision-making processes – at both a local and national level. This fuelled scepticism that even if significant investment in the sector does materialise, effective allocation would be scuppered by a failure to properly consult with key care voices on what works – and what doesn't.

"This money - as I understand it, the £4 billion due to come through by 2028 - will be distributed via the Better Care Fund," one provider said. "But if we're not at the table, if we're not able to have a voice to explain what we need, how we'd use that money, what the actual problems are - then what's the point?"

The Better Care Fund was a clear source of frustration. "It's already overpopulated by NHS decision-makers," one attendee said. "It excludes social care decision-makers, apart from local authority commissioners, who may or may not have a voice amongst their NHS colleagues."

"There's a faulty process which the government is completely ignoring", they continued.

A lack of proper engagement and integration with ICBs was a key issue. "They don't know how we work - because they don't work in our services," said one care association representative.

"And it becomes a problem when the funding streams go through them, because they impose their systems and processes on us - rather than enabling us to deliver the solutions we already know we need."

The feeling toward engagement with ICBs was not shared by all, however. One local area was highlighted for doing things differently. "We do sit on our ICB decision-making boards," said one association Chair. "It's not always as easy as it looks… but at least the decision-making is everybody around the table."

> **"Decisions are being made with huge impact. But where's our voice at the table?"**
>
> **- Home care provider**

They gave a clear example: “If the hospital [in the area] is in crisis, they will ring me. I will put one WhatsApp and nine phone calls out, and within two hours we can have done whatever needs to be done.”

This system, however, appeared to be the exception, not the norm. “I don’t know why collaboration is not spread more widely”, they added.

“I think there’s a conversation to be had with the NHS and ICBs, to say ‘what are your priorities?’ Your priorities are to commission good services. ‘How are you going to do that?’ It's not about doing it all yourself - it's about working together”, another regional association Chair said.

National structures were also blamed for derailing local progress. “Every time you start to do something, sometimes you hit national governance: ‘Oh, you can’t do that,’ or ‘We don’t share it,’” one provider explained.

In the end, the ask was simple - but firm. “We just need a voice,” said one attendee. “Not just a voice,” added another “partnership.”

INNOVATION & THE FUTURE

The Government's 10 Year Health Plan, designed to make provision across England "fit for the future", pledges the creation of a "reshaped innovation strategy" to drive forward change. But what does this innovation look like at a local care provision level? Attendees were concerned that growing funding pressures were stifling innovation, and preventing bold new approaches from making significant improvements.

One home care provider said that pressure on Integrated Care Boards (ICBs) - particularly the recent ask to cut 50 per cent of costs - was encouraging them to face inward, rather than embracing stronger partnerships between health and social care. "They are entirely inward focused", he said, "and what you are losing is creativity". Along with added financial pressure, they continued, comes a "short-termism" that only makes things worse.

The Spring Statement would only make things worse, another home care provider added. "With more money constantly being invested in the NHS, why would you need to change the way you operate?" He questioned a lack of accountability in the NHS compared to commercial businesses. "How are they going to be accountable for extra funding? How is that going to drive innovation?"

Another attendee revealed how often commitments are not honoured. "Every time [our local authority] goes for a new contract, there's talk before: 'We're going to do things differently.' And every time the contract comes out... nothing much changes."

Some felt that public sector incentives work against innovation altogether. "It's the easiest thing in the world to put together a business case to say, 'We'll save money if we take it in-house,'" one warned. "But there's no meaningful accountability for that business plan."

In contrast, primary care providers were described as active collaborators—sharing risk, pushing reform, and willing to engage. "They're like us. If they run out of money, they've run out of money. And they'll come to the table."

The pandemic was repeatedly referenced as a moment when innovation flourished, precisely because local providers were trusted and empowered. "We all did things that were above and beyond what we had done beforehand," said one participant. "Nobody died or ended up in hospital. Retention was better."

Many called for that approach to be reinstated. "They're now called delegated tasks," one said. "There's a national suggestion that we're going to do it. But nobody's making it happen."

In the current climate, they argued, process has replaced progress. "The people leading those discussions... they're just power over the money. It's not about enabling innovation. It's about controlling it."

> **"There just doesn't seem to be any sense of innovation in local authorities"**
>
> **- Home care provider**

Innovation at the table

One example of innovation being fostered in the sector was a project of one attendee's business, called "Home to Decide". The latest pilot, launched in collaboration with an NHS Trust, offered people assessed as needing residential care two weeks of intensive at-home support, tapering over time. "Everyone that came onto that pathway was able to live independently by the end", they revealed.

It even came with a risk-sharing offer: "All we charge is the equivalent of what it would cost for a hospital bed for the length of our service. If people continue to live at home, we will split the savings with the provider for the following 12 weeks. It ought to have all the components they say they're interested in. But we can't get engagement."

What's missing, attendees said, isn't policy - but permission and leadership. "It doesn't need policy change," said one provider. "It just needs a push - right through the system."

Case Study: Home to Decide – by Hilton Nursing Partners

Delayed discharge from hospitals costs the NHS an estimated £1.9 billion each year, reflecting both direct costs and wider strain on healthcare services. In an effort to relieve bed pressures, many older people are discharged directly into residential care - not always because it is the right option, but because there simply isn't enough time, support or space to explore alternatives. These quick decisions can lead to outcomes that don't reflect the person's preference – or needs, and can often burden local authorities with avoidable long-term costs.

Hilton Nursing Partners believed there had to be a different way to approach the challenge. That's why they launched *Home to Decide* - a short-term, fully supported domiciliary care service in an individual's own home, lasting up to 14 days (or longer if needed). It provides those receiving care, their loved ones, and healthcare professionals the opportunity to properly consider both the desires and needs of each person. The service begins with 24/7 care, gradually stepping down as needs are assessed. By day five, Hilton completes a full review and provides tailored recommendations based on the situation.

Home to Decide's impact has been significant – not just at an individual level, but also in presenting an opportunity to local authorities. In a large-scale partnership with one local authority, around 65 per cent of people were able to continue living in their own home after completing the programme. In another pilot, this time with an NHS Trust, *every single person* on the pathway was assessed as safe to stay at home. Even better - it didn't cost a penny more than hospital care over the same period. Hilton matched the cost of a hospital bed for the length of their service, and, if the individual contiuned to live at home afterwards, split the savings with the provider over the following 12 weeks.

Home to Decide is a simple idea delivering better outcomes, improved resource use, and real choice. Like many innovations in social care, it works best when commissioners, ICBs and local authorities are willing to engage consistently and collaboratively.

Hilton Nursing Partners now hopes to expand the service nationally, improving hospital discharge, boosting integration, and giving individuals valuable time and space to make informed decisions about their future.

Ann Taylor
CEO of Hilton Nursing Partners

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HOME TO DECIDE®

WORKFORCE

The adult social care sector continues to face major staffing challenges. In 2023/2024, there were an estimated 131,000 vacancies across the workforce, with turnover rates close to 25 per cent. International recruitment made up a significant proportion of new hires, at 105,000, but growing restrictions on health and care visas now risk exacerbating existing shortages. As roundtable participants noted, though delivering high-quality care depends not just on filling roles, but on recognising and supporting care as a skilled, professional vocation.

Attendees made clear the importance of getting workforce right. “Social care isn’t for everyone”, Ed Argar emphasised, “you need the right people”. When you fuse the right people with the “right support, in the right place, it makes a huge difference.”

Often offered as a solution to workforce retention and recruitment crisis is better pay for those in the sector. Quoting from conversations with providers, Argar said: “they would love to further pay their staff, give them better career progression, and make care a more competitive space. But, they say, that money must come from somewhere. ‘We are not sitting on huge profit margins’.”

The head of one regional care association had similar reflections when it came to the Fair Pay Agreement. “Of course we want better recognition, better pay, better terms and conditions. But there must be some funding that goes with it.”

At present though, the Treasury doesn’t seem interested. “There is no one from the Treasury at the meetings”, one attendee adds. “There is no point having that conversation if we are not talking about what the Fair Pay Agreement needs in terms of investment.

Doing so makes much sense, they continued: “If you invest it properly, in the medium term, you will save money. Because there will be fewer people getting to the NHS. Fewer people dying in the wrong circumstances. Fewer people whose needs escalate. But you have to put the money up front.”

One home care provider said that moving to a salaried workforce has had some positive impacts on retention. But doing so has “become more and more challenging in the current environment”.

> **"Without the people, the sector isn’t really anything. They are at the heart of it."**
>
> **– Rt Hon Ed Argar MP, Shadow Secretary of State for Health and Social Care**

Recruitment Challenges

Recruitment issues were also touched on - looking both at present and future.

One home care provider was apprehensive about the Government's crackdown on care visas. The tightening of restrictions has seen care visa applications fall from 158,000 in 2023 to 31,000 in 2024, is a "massive mistake", they said.

There were also hindrances at home, though, too, as mentioned by two attendees. One highlighted previous functional skills requirements in English and maths as a suppressor of talent. Though since made optional, they can still prove "stumbling blocks for really passionate people", they argued. Courses more tailored to individual care roles would mean "so many more staying in the profession."

This led on to a discussion surrounding Skills England, the new body established as an offshoot of the Department for Education to co-ordinate skills policy across the country. "I think that we need to be talking to Skills England. At the moment, we don't. We have no input", they said. A lack of a unified voice in conversations with the body has ramifications for skills development in the sector - which is too often disregarded as a 'low-skilled' industry. "If we are not on the agenda for reform, then we are not going to be a priority [at all]."

"We don't have an apprenticeship framework that fits our needs because we don't talk to them with one voice… It's totally dysfunctional."

A home care provider was keen to counteract the common misperception of social care being a "low skilled" role. "The reality is it's a high skill job, but it's a low qualification job."

One attendee was also keen to look to the future - how do we encourage the next generation of employees to look to the social care sector as a viable career choice? With all the negative coverage around the sector, "young people are probably becoming more and more disengaged with coming into the sector."

"What are we seriously going to do in terms of sending out positive messages about this sector, where we are facing a future workforce crisis?", they added.

Ed Argar agreed. He felt it was key to send the message that "there is progression here—both pay progression, but also skills progression, skills development, and that ladder of opportunity. I think we need to be more around that."

Case Study: Who Cares Wins!

Our ageing population means that here in the UK we need to recruit an extra half a million carers over the next decade to meet demand. Filling those roles requires attracting more young people to pursue careers as carers.

The Hallmark Foundation is dedicated to helping to address that challenge. It is at the forefront of persuading the next generation of young people to consider careers in care. It has hosted the first two national care careers conferences and exhibitions for hundreds of school and college students to learn more about the sector.

Building on the success of its debut conference in 2023, the second Who Cares Wins! Conference was held in November 2024 at the Tottenham Hotspur Stadium. Attended by speakers including Ed Balls, Who Cares Wins! encourages students aged between 13 and 18 to explore the wide variety of career options in the care sector - from frontline caring to technology, from hospitality to management, from finance to marketing, and much more.

Students in attendance told organisers that the conference made them feel "more positive about a career in care", and that the speakers were "really motivating" and "put everything in perspective".

Anita Goyal MBE, Trustee of the Hallmark Care Homes Foundation and regular speaker at Who Cares Wins!, is a firm believer in boosting collaboration between colleges and care providers in local communities as a means of increasing awareness of careers in care. Linking them more effectively, she argues, would offer a number of benefits, including increased understanding between generations and about what happens in care settings, the importance – and likelihood - of care work for individuals at some stage in their lives, tackling ageism and loneliness, and opening up work experience and volunteering opportunities.

Having established the Who Cares Wins! event, the Hallmark Foundation has passed lead responsibility for the third event, in March 2026, to Championing Social Care. Find out more here: Who Cares Wins • Championing Social Care.

Anita Goyal MBE
Trustee, Hallmark Care Homes Foundation
Ambassador of Alzheimer's Society

Hallmark Foundation

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